

No 3000008070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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1/18/10

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Saint Lucie County Latin Festival  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Jose Lopez  
Name (Printed or typed)

7818 NW 17th Ave  
Address

Pembroke Pines FL 33024  
City, State & Zip

954-965-9557  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Saint Lucie County Latin Festival, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7818 NW 17 place  
Pembroke Pines, FL 33024

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- to dedicate to the promotion of the Hispanic culture
- benefit Hispanic youths by awarding scholarships.
- benefiting local non-profit organizations with contributions

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Board members are appointed with approval  
of immediate Board.

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Jose Lopez - President  
Lymari Rivera - Vice President of Operations  
Bobby Rodriguez - Director of Entertainment

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Jose Lopez  
7818 NW 17 place  
Pembroke Pines, FL 33024

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jose Lopez  
7818 NW 17 place  
Pembroke Pines, FL 33024

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Signature/Incorporator

Date

Date

FILED

03 SEP 15 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/6/03

9/6/03